

11 July 2006

Sir David Cooksey
Chair
Review of UK Health Research
Cooksey Review Secretariat
HM Treasury, 4th Floor
1 Horse Guards Road
London
SW1A 2HQ

Dear Sir David

I had been very much looking forward to meeting you last week and welcoming you to Queen's following my move from Southampton to Queen's University Belfast in 2004. I was sorry to learn that you had been unwell, and send my best wishes for a speedy recovery.

I write in connection with your ongoing Review of UK Health Research. Before responding directly to the questions, I should stress that whilst the current Review assumes a consistent approach to health research across the UK, there are, of course, differences in the devolved administrations. In the case of Queen's, health research involves the collaborations with hospital trusts, research councils, charities, industry and business, and the R&D Office of the Department of Health, Social Services and Public Safety in Northern Ireland. You will see from the title of the government department that its work embraces health services research as well as clinical, public health and translational research. The R&D Office supports high quality peer reviewed research where there is an explicit element of translational research which focuses on regional requirements; this has been widely regarded outside Northern Ireland as a very effective use of a small budget (£12 million per annum). Queen's relationship with RCUK, charities, etc. would be the same as all other universities in the UK. With this background, I provide responses to the questions set out in your Review.

Q1 The strengths and weaknesses of the MRC and NHS R&D programmes

The main strength of the MRC is that it supports high quality science-led research, but due to lack of funds, this research has tended to be concentrated in relatively few centres and the record of translation of research discoveries into clinical practice is not strong. In Northern Ireland the DHSSPS R&D Office funds support high quality research which must include a component of translational, clinical, public health, or health services research that could have an immediate impact on patient care. Both programmes are assessed through rigorous peer review against different objectives.



Q2 Key scientific and organisational challenges

The main objective of the new fund should be to ensure that innovations arising from the research are successfully incorporated into treatment for patients. Efficient use of the funds should be under the control of a single minister in Government.

Q3 Priorities for the funding

A greater focus on translating pure scientific research results into new treatments for patients should be a key priority.

Q4 Long-term benefits of a high quality biomedical research base versus improvements in healthcare

The two are not mutually exclusive but a key priority should be to ensure that the results of basic research are not left in limbo but are efficiently translated into patient care, or demonstrate the potential for health benefits such as a closer understanding of disease.

Q5 Publicly funded research and the development of new treatments

Most of the major new treatments have arisen from privately funded (pharmaceutical company) research, but there is no reason why publicly funded pure and applied research should not be translated into new patient treatments, or used to provide objective assessment of therapeutic intervention.

Q6 Forging links between basic and translational research

The multidisciplinary groups presently funded (at QUB) under the RRGs have done much to achieve these goals already and are something of a model for the rest of the UK. A strategic advisory board with one decision making group served by specialist panellists, or the NIH model with research strategies arising out of focused workshops could provide the necessary linkages.

Q7 Encouragement of translation, entrepreneurship and innovation in health research

The use of the KTP approach and a full use of university IP support offices will ensure that innovations are protected and spin-out companies created.

Q8 The most effective use of UK research funding

While the funding should be focused on the key needs of the UK population, it is essential that funding is set aside for 'blue skies research' and also for potentially global problems which may influence the future health needs of the UK populace.

Q9 Lessons to be learnt from other countries

We should avoid basing health research policy on purely national needs since an increasing number of health problems are global (eg SARS, avian flu), and the new integrated funding agency will have to address these issues.

Q10 The actual merger of MRC and NHS R&D funds

Whatever model is adopted the various funding committees must work together to ensure that individual strategies are aligned with national/regional strategies, and that the process of grant assessment and fund distribution is robust, fair and transparent.

Q11 Importance of the new NHS IT system

A good IT system will be essential if the UK is to make an effective national and international contribution to healthcare research.

Q12 Integration of the two budgets

It will be important to ensure that the NHS R&D budget in NI (already extracted from the NHS Trusts) is not transferred to a central UK budget. It is important to realise that the priorities for biomedical research which can impact directly on patient treatment in NI are different from those in London, and research should address these local needs providing it meets the required quality standards.

With best wishes.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter J Gregson', with a horizontal line underneath.

Professor Peter J Gregson
President and Vice-Chancellor